

Erickson
HealthSM

The Illusion of Certainty

- Certainty in Medicine?
 - Estrogen Therapy
 - PSA screening
 - Chemotherapy
- State of Medicine
- Erickson Living
 - Continuous Care Retirement Communities
- Erickson Model
 - Enhanced Decision Making for Providers and Patients
- Decision Making in Geriatrics

Estrogen Replacement

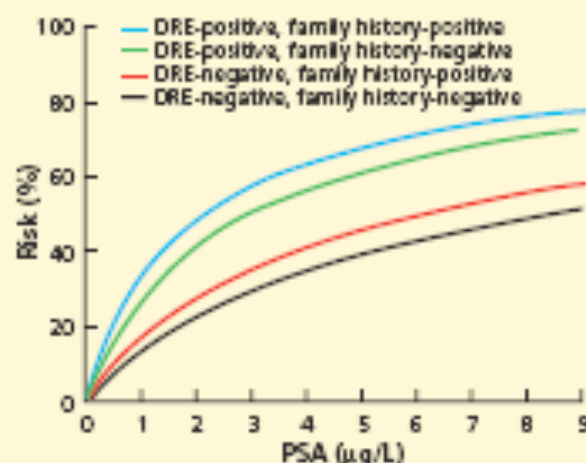
- Until 2004
 - “Certainly the Standard of Care for Post Menopausal Women”
 - Based on “very compelling epidemiology data”
 - Protect Heart
 - Lower CVA rate
 - Maintain Cognitive Function
- 2004 “Woman’s Health Initiative” was stopped short
 - Increased risk
 - Coronary Artery Disease
 - Stroke
 - Breast Cancer
 - Deep Vein Thrombosis
 - Dementia
 - 78 on Estrogen vs 58 on placebo

Prostatic Specific Antigen

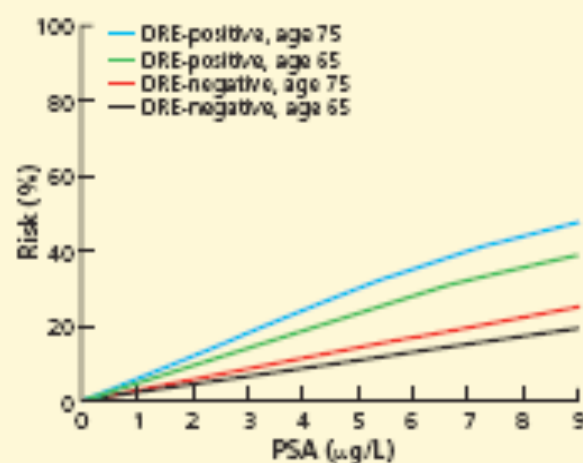
- Certainly if PSA less than 4.0
 - You are fine, see you next year!
- “Prostrate Cancer Prevention Trial”
 - No PSA level below which the chance of having prostate cancer is zero

PSA level and risk of prostate cancer

Overall



High-grade cancer*



*Gleason score of 7 or higher.

Data are from men 55 years and older in the Prostate Cancer Prevention Trial, 3-year follow-up. DRE = digital rectal examination.

ADAPTED FROM THOMPSON IM, ANKERST DE, CHIC, ET AL. ASSESSING PROSTATE CANCER RISK: RESULTS FROM THE PROSTATE CANCER PREVENTION TRIAL. J NATL CANCER INST 2006; 98:519-524. WITH PERMISSION OF OXFORD UNIVERSITY PRESS.

Comment: Published data from the Prostate Cancer Prevention Trial showed that there is no PSA level below which the risk of having prostate cancer is zero. For an individual patient, the significance of a PSA level should be interpreted in a broad clinical context, including age, race, family history, findings on digital rectal examination, prostate size, results of prior prostate biopsy, and use of 5-alpha reductase inhibitors. Considering the high incidence of asymptomatic cancer (which may not pose an ultimate risk to the patient) in the general population, the decision to recommend urologic evaluation or prostate biopsy should be individualized and take into consideration all of these factors.

A useful tool that incorporates many of these variables for calculating the risk of finding any cancer and high-grade cancer for the individual patient by considering the above factors, including PSA, can be found at: www.compass.fhcr.org/edrnnci/bln/calculator/main.asp. This tool provides not only the risk of prostate cancer but the risk of high-grade (aggressive) prostate cancer. The two risks combined help men and their physicians to decide whether prostate biopsy is appropriate.

FIGURE 1.

Chemotherapy

Certainly if FDA approves it is effective.

- Golden rule for new cancer medication approval = Improved Survival
- Avastin (Bevacizumab) first angiogenesis inhibitor
- Approved for Colon Cancer 2004
 - Improved Survival less than 1 month
- For Lung Cancer 2005 Improved survival 2 months
- Huge side effect profile
- Cost 55,000 to 100,000

Medicine in America Today

- Advances in Medicine are expensive
- Cost of Medical Care increasing by 9.8% per year
- Medical Insurances try to control costs
- Physicians charges are controlled by insurance
- Therefore physicians have to see more patients to earn a living 4-8/hour
- NOT GOOD MEDICINE

Medicine Today

- Do physicians have time to educate? To facilitate decision making?
 - Average PCP overhead \$85/ hour
- Case studies in the book
 - Ganglion Cyst
 - 7 year old HMO \$18/month
 - Mammogram
 - 44 year old HMO \$28/month

Boutique Medicine



PROSPECTIVE MEMBERS
PHYSICIAN INQUIRIES
CORPORATE SERVICES
FIND AN MDVIP PHYSICIAN
CONTACT US

myMDVIP & Physician Log In

Username:

Password:

Log In

[New User / Register](#)

[Forgot Your Password?](#)



myMDVIP Health Highlights

Whether you are a male, or a female who has important men in your life, you will benefit from learning about communicating pain, staying healthy through the years, cooking a quick healthy meal...

[MORE>>](#)



[Understanding the New Medicare Drug Plans](#)



[View Our NEW Informational Video](#)



[CEO Interviewed by Fox News](#)



[Member Satisfaction Survey](#)



The [myMDVIP QuickStart Guide](#) provides a narrated visual explanation to help you set up your own personal myMDVIP account. Need to create a username and password? Forgot your log in? The [myMDVIP QuickStart Guide](#) can help!

Personalized Medicine from MDVIP: It's About You

Time is the reason MDVIP was established by respected physicians and business professionals. With far smaller practices, MDVIP affiliated physicians have the time to provide comprehensive preventive care that can't be offered to each patient in a traditional practice.

Time to focus on keeping you as healthy as possible for as long as possible. Time to identify medical conditions early, before they become far more complicated problems. When you are ill, these smaller practices also offer same or next day appointments that start on time, and last as long as needed. [MORE>>](#)

It's personalized preventive medicine - today.

In The News
MDVIP ranks No. 30 on the 2005 Inc. 500 List

[MORE>>](#)

Want more MDVIP News?

Visit our [Press Room](#)



It's About the Experience...



"I finally have the time to do my profession the way it should be done. Time to talk, time to examine, time to think, and time to take better care of my patients than I have been able to do for years."

- Steven Drell, M.D.



"Excellent all around service and for someone who is always on the go - a must!"

- MDVIP Member



PROSPECTIVE MEMBERS: MEMBERSHIP SERVICES



MDVIP Membership Services

MDVIP affiliated physicians agree, and limit their practices to no more than 600 patients in order to deliver comprehensive preventive care and personalized service to all patients. This approach to internal medicine can't be offered in most traditional primary care practices. A physician in a typical practice of 2,500 patients could not provide a comprehensive annual physical examination to all patients, as to do so would require approximately 2,500 hours, or one year. In that case, a physician would have no time available to deliver any care to patients other than the physical examination.

In a practice of no more than 600 patients, however, MDVIP affiliated physicians have the time to provide both extensive preventive care and treatment of acute and chronic illness, with a new focus on individualized attention and lifestyle planning. After all, the best time to see a physician is before you really need one.

Your annual membership fee encompasses the following services:

Annual Preventive Physical Examination and Wellness Planning

Your annual preventive care physical examination includes an extensive risk factor assessment; screenings related to mental status, exercise, nutrition and sleep; vision, hearing and pulmonary function testing; comprehensive laboratory testing; EKG; and a personalized wellness plan based upon the results of the examination.

Personal Health Record Mini-CD ROM

You will receive a wallet sized mini-CD ROM containing patient history, physical examination summary, lab results, EKG, and other related information for use by specialists or emergency personnel.

A Smaller Practice Means Greater Service

MDVIP affiliated practices are far smaller than traditional primary care practices in order to provide a greater emphasis on preventive care. The smaller practice size also allows MDVIP affiliated physicians to focus on enhanced patient service.

Same or Next Day Appointments That Start On Time

Your MDVIP affiliated physician is able to schedule appointments at your convenience. You will receive same or next day appointments that begin as scheduled, without delay, and last as long as necessary, providing ample time to address all of your questions and concerns.

24/7 Availability

Enjoy private telephone numbers to your physician and personal medical assistant. Your MDVIP affiliated physician will also be available to you after hours by personal pager, rather than through an answering service.

Member Newsletter

[Fall 2005](#)

Member Newsletter

[Summer 2005](#)

Member Newsletter

[Spring 2005](#)

Member Newsletter

[Winter 2005](#)

Boutique Medicine
Annual Fee= 1500-4000
125-300/month



Add more living to your life!

Discover how vibrant and engaging retirement can be when you make an **Erickson community** your new home.

[Learn More](#)

Riderwood

3140 Gracefield Road
Silver Spring, Maryland 20904

- ▶ [Apartment Homes](#)
- ▶ [Realty & Moving Services](#)
- ▶ [Reserving Your Home](#)
- ▶ [Pricing](#)
- ▶ [Driving Directions](#)
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Select Another Community



Receive your free
Guide to Erickson Living

[Request Online](#)

1-800-917-8521



Erickson News

[Sedgebrook Resident Tutors English as a Second Language...](#)

[Two New Buildings to Open at Ashby Ponds...](#)

[Houston Real Estate Program Overcomes Hurricanes, Holidays...](#)

Feel **healthier** and more active than ever.



[Learn More](#)

Do the things you want to do.



[Learn More](#)

- **Developing and managing retirement communities for more than 25 years**
- Erickson Retirement Communities has been based in Baltimore County, Maryland, since 1983. The company's core business is developing and managing retirement communities. For middle-income people, the Erickson lifestyle offers unparalleled opportunities and is the best financial and health decision people 62-plus can make.
- The Erickson network currently comprises 20 campuses in [Colorado](#), [Illinois](#), [Kansas](#), [Maryland](#), [Massachusetts](#), [Michigan](#), [New Jersey](#), [Ohio](#), [Pennsylvania](#), [Texas](#), and [Virginia](#), which together are home to more than 22,000 people and employ more than 12,000.
- Erickson pioneered the [100% Refundable Entrance Deposit](#), which protects residents' equity and a fee-for-service schedule that ensures residents only pay for services they want and/or need, making the full range of housing and health services available to middle-income Americans.

- **A full-service, maintenance-free lifestyle**
- There are numerous services available to people who live in Erickson communities, including transportation, grounds maintenance, and housekeeping. This [worry-free lifestyle](#) includes on-site amenities like restaurants, stores, a Fitness Center with full-time trainers, and a Medical Center staffed by board certified primary care physicians who specialize in geriatrics and practice only at Erickson campuses.



- EHMG distinguishes us from other Continued Care Retirement Communities
- No other CCRC has such comprehensive Medical service
- Erickson is in the health industry


**Erickson
HealthSM**

Erickson HealthSM is: Our resident-focused commitment to providing health care, wellness, fitness and health insurance to older people.

- Erickson HealthSM physicians have more time for patient care, and gets to know their patients because each Erickson HealthSM doctor sees no more than 400 patients a year. “Outside world” primary care doctors see at least 2,000 in their practice—and sometimes more.
- Schedules only 2 patients per hour, and spends an average of 25 minutes with each patient.
- Have an average of 14 years experience, including specifically the health care of people 62-plus.

- **The Erickson HealthSM system is networked** nationwide through the Centricity, an electronic medical records system. Electronic medical records are available at only 5% of major facilities outside. Thanks to Centricity, Erickson HealthSM doctors are better equipped to make medical decisions.
- Securely obtain and transmit medical records in emergencies.
- Last-minute appointments within 24 hours.

In



Centricity[®]

Physician Office

Electronic Medical Record

User ID:

Password:

Location of Care:

☐ Return to: Desktop

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Go Actions Options Help

Desktop
 Chart
 Appts
 Reg
 Reports
 New
 View
 Print
 Help
 EXIT

Mrs. Minnie Mouse

101 Years Old Female (DOB: 01/01/1907)

PCP: Jose Mathew

MM#: 1369.0

Home: 410-242-2880

Insurance: ERICKSON (314)

Find Pt.
 Protocols
 Graph
 Handouts

Update
 Phone Nt.
 Refills

Summary

Problems

Medications

Alerts

Flowsheet

Orders

Documents

Problems

DISORDER, ANTISOCIAL PERSONALITY
 BORDERLINE PERSONALITY DISORDER
 COUGH
 STREPTOCOCCAL PHARYNGITIS
 DM W/CIRCULAT DSORD, TYPE I, UNCONTROLLED
 CERUMEN IMPACTION
 DEPRESSION NOS
 HIP PAIN, RIGHT
 DEPRESSIVE DISORDER, RCR, MODERATE
 HISTORY OF HEAD TRAUMA

Medications

Drug interactions

* MED BOXES BY HOME SUPPORT
 ATENOLOL 100 MG TAB (ATENOLOL) Take one (1) tab
 DIGOXIN 0.125 MG TABS (DIGOXIN) Take one (1) by mc
 PREVACID 15 MG PACK (LANSOPRAZOLE) Take one (1)
 TYLENOL FLU NO DROWSINESS 30-500-15 MG TABS (TYLENOL)
 COUMADIN 5 MG TABS (WARFARIN SODIUM) Take one
 CALAN SR 240 MG CR TAB (VERAPAMIL HCL) Take one
 LIPITOR 10 MG TAB (ATORVASTATIN CALCIUM) Take one

Allergies

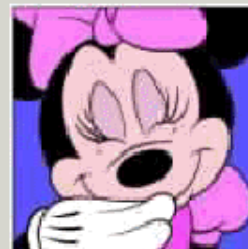
* LATEX
 PENICILLIN
 PENICILLIN
 EFUDEX (FLUOROURACIL)

Directives

DO NOT RESUSCITATE-MIEMS
 NO HEROIC MEASURES
 NO SURGERY

Registration Notes

Mrs. Minnie Mouse would like to be called "Minnie"

**Flowsheet: Enterprise/Erickson PT/INR Flowsheet**

	Date	Value
PROTIME DX	04/24/2007	DVT
TARGET INR	04/08/2005	2.5-3.5
INR	04/24/2007	2.3
HGB	12/07/2006	13.3
HCT	12/07/2006	36.7
MCV	12/07/2006	86.9
PLATELET CNT	12/07/2006	462
PT PATIENT	05/22/2007	19.5
CUR. REGIMEN	04/08/2005	weekly
COUMADIN CHG	09/04/2003	2
NEW REGIMEN	07/08/2003	22.5 mg/wk
PRO NXT DRAW	06/11/2007	06/15/2007

Documents: All

	Date	Summary	Status
	02/21/2008	Ofc Visit: Lab/BP/Meds	Signed
	02/21/2008	Phone: Phone Note	On Hold
	02/12/2008	Append	Signed
	02/10/2008	Ofc Visit	Signed
	02/08/2008	MH	Signed
	02/08/2008	Append	Signed
	02/08/2008	MH	Signed
	01/31/2008	MA Visit: Lab/BP/Meds	Signed
	01/30/2008	Append: Cold and Cough	Signed

For Help, press F1



Inbox - Microsoft Ou...



MetaFrame Presenta...



Microsoft PowerPoin...



Centricity Physician ...

100%



11:01 AM

101 Years Old Female (DOB: 01/01/1907)




PCP: Jose Mathew

MM#: 1369.0

Home: 410-242-2880

Insurance: **ERICKSON (314)**

Find Pt. Protocols Graph Handouts

			
Update	Phone Nt.	Refills	Web Lookup

Summary

Problems

Medications

Alerts

Flowsheet


Orders

Documents

☒ Active Only

All

Lookup medications with: **Lexi-Drugs Online**

 **Drug interactions**

Details

Start Date: 07/14/2006

Stop Date: **<No Stop Date>**

Entry Date: 07/14/2006 8:54 AM

Entered By: **Kristina Schafer**

Responsible: **Kristina Schafer**

Instructions:

Comments:

Prescriptions / Refills

#30 x 0, 12/18/2007, Beth LaGow, RxID: 1513596247751540

#30 x 0, 01/31/2007, Jose Mathew, RxID: 1485854070052530

#03 x 0, 11/06/2006, William Cooper, RxID: 147842984445162

#0 x 0, 09/21/2006, Kristina Schafer, Reprinted, RxID: 147447

Additional Services

- On-site emergency personnel respond within 3 minutes vs. 9 minutes outside.
- Certified Home Support staff provides light meal preparation, personal care, and other assistance.
- Certified Home Health staff provides skilled in-home nursing, therapy (including physical and speech), and social work.
- Renaissance Gardens, Erickson Health's on-site continuing care neighborhood provides Short-Term Rehabilitation, Assisted Living, and Long-Term Nursing Care.

Resident Health Portal

- Website with access to Medical Records
- Resident can see medication list, Laboratory Results, Medical Problem List
- Resident can give access to his/her family, outside doctors
- Residents and families are better informed to make decisions



Resident Health Portal

Erickson
Health™

SECURE LOGIN

Chart ID:

Pin #:

Access Code:

Login

Forgot your login information? Call Erickson Resident Computer Services at 1-800-677-0211 (toll free).

Welcome to the Resident Health Portal provided by Erickson Retirement Communities. It contains a summary of your electronic chart on file at the medical center. **If there are questions regarding the contents of the chart please contact your local medical center.**

What's New!



Version 1.6 of the Resident Health Portal has just been released! [Click here for more information.](#)



Your information is protected by 128-bit SSL encryption.

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Home - Microsoft Internet Explorer

File Edit View Favorites Tools Help

Back Forward Stop Reload Home Search Favorites RSS Mail Print Word PDF Bluetooth Webcam

Address <https://myhealth.erickson.com/Home.aspx> Go Links >>



Resident Health Portal

Version 1.6

Health Chart for Minnie Mouse

Current as of: 2/25/2008 11:17 AM



[Home](#) | [Manage Your Profile](#) | [Manage Your Delegates](#) [Download Chart](#) | [PRINT](#) | [HELP](#) | [LOG OUT](#)

Welcome, Minnie Mouse! Last Login: Friday, February 22, 2008 - 8:38 PM

[Resident](#) [Allergies](#) [Directives](#) [Problems](#) [Medications](#) [Labs](#) [Tests/Vaccines](#) [Appointments](#) [Contacts](#)

Personal	Address and Phone
Name: Minnie Mouse	Address: 701 Maiden Choice Lane Catonsville MD 21228
Birthdate: 1/1/1907	Phone Number: 410-242-2880
Responsible Provider: Jose Mathew	Community Info: Erickson Health Medical Group
Insurance Information	
Primary Insurance: ERICKSON ADVANT-EVERCARE	
ID Number: 123456789	

[Privacy Policy](#) | [Terms of Use](#) | [HIPAA](#) | [Feedback](#)

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Done

start

Inbox - Micros...

MetaFrame Pr...

Home - Micros...

Microsoft Pow...

Centricity Phy...

100%

Local intranet


11:08 AM

Medications - Resident Health Portal - Microsoft Internet Explorer

File Edit View Favorites Tools Help

Back Forward Stop Home Search Favorites Refresh Print Mail Word Excel Bluetooth Internet Options

Address <https://myhealth.erickson.com/Meds/Meds.aspx> Go Links




Resident Health Portal

Version 1.6

Health Chart for Minnie Mouse

Current as of: 2/25/2008 11:18 AM



[Home](#) | [Manage Your Profile](#) | [Manage Your Delegates](#) [Download Chart](#) | [PRINT](#) | [HELP](#) | [LOG OUT](#)

Welcome, Minnie Mouse! Last Login: Friday, February 22, 2008 - 8:38 PM

[Resident](#) [Allergies](#) [Directives](#) [Problems](#) [Medications](#) [Labs](#) [Tests/Vaccines](#) [Appointments](#) [Contacts](#)

Please contact your physician in the medical center if you have questions about your medications.

Medication Dose	Date	Instructions	Pharmacy
ACCUPRIL 20 MG TAB	5/22/2007	Take one (1) by mouth once a day	
ACCUPRIL 20 MG TAB	6/18/2007	Take one (1) by mouth once a day	
ACEON 4 MG TABS	6/4/2007	Take one (1) by mouth once a day	EHMG Fax
ANUSOL-HC 2.5 % CREAM	9/11/2007	Take one (1) by mouth once a day	SBV-Neighborcare EA
ARICEPT 10 MG TABS	7/25/2007	Take one (1) by mouth once a day	
ATENOLOL 100 MG TAB	11/5/2005	Take one (1) tablet by mouth daily	SBV-Neighborcare EA
CALAN SR 240 MG CR TAB	4/9/2007	Take one (1) by mouth once a day	
COUMADIN 5 MG TABS	8/18/2006	Take one (1) by mouth once a day	SBV-Neighborcare EA
DIGOXIN 0.125 MG TABS	11/7/2005	Take one (1) by mouth once a day	

Done Local intranet

start [Inbox - Micros...](#) [MetaFrame Pr...](#) [Medications - ...](#) [Microsoft Pow...](#) [Centricity Phy...](#) 100% 11:09 AM

Same Day Appointments

Village	Same Day Appts	Total Visits	% Same Day
ACH	2137	8,681	25%
APL	16	201	8%
BBV	1601	7,590	21%
CCI	2939	11,572	25%
CCV	1796	8,342	22%
ETH	605	3,063	20%
FRV	1078	3,825	28%
GSV	2625	11,964	22%
HFV	891	5,578	16%
HSD	770	2,647	29%
LPH	1599	4,132	39%
MGC	825	4,133	20%
MLN	372	1,373	27%
OCV	2328	9,838	24%
RWV	3622	12,496	29%
SBV	2635	9,155	29%
SED	296	1,881	16%
TCK	248	824	30%
WCD	425	1,809	23%
Grand Total	26808	109104	25%

Results

- How do we measure up?
 - Financially?
 - Clinical Outcomes?

	MD-VIP	Erickson Health
Patients/Physician	600	400
Electronic Personal record	mini CD	USB stick
Smaller Practice	Yes	Yes
Same day appointment	Yes	Yes
24/7 coverage	Yes	Yes
Enhanced referral coordination	Yes	Yes
Website	Yes	Yes
Website Access to Medical Records	No	Yes
Dedicated Support staff	Yes	Yes
Prescription Facilitation	Yes	Yes
Private Reception Area	Yes	No
Claims Facilitation	Yes	Yes
Physician goes to Hospital/SCF	No	Yes
Mental Health Services	No	Yes
Social Work Service	No	Yes
24/7 in home Emergency Tech	No	Yes
Podiatry Services	No	Yes
Home Health/Aids/Nurses	No	Yes
Yearly fee	1500-4000	180-600

Erickson Cost Established Villages 2008

	<u>Charles town</u>	<u>Oak Crest</u>	<u>Rider wood</u>	<u>Green Spring</u>	<u>EHMG</u>
Cost Per Resident per month	\$22.59	\$27.38	\$18.04	\$19.39	29.50

Boutique Medicine 125-300
Erickson Health 15-50

Hospital Readmission Rates

- Readmission to hospital within 6 months of a hospitalization.
- Medicare 24%
- Erickson 6%

Clinical Outcomes

Traditional Medicare

Hospital admissions per thousand – 364

Hospital days per thousand - 2096

Average length of stay - 5.8

2007

Hospital admissions per thousand – 284

Hospital days per thousand - 1097

Average length of stay – 3.87

2008

Hospital admissions per thousand – 247

Hospital days per thousand - 1045

Average length of stay – 4.22

Results RWV

Traditional Medicare

Hospital admissions per thousand – 364

Hospital days per thousand - 2096

Average length of stay - 5.8

2007

Hospital admissions per thousand – 191

Hospital days per thousand - 610

Average length of stay – 3.43

2008

Hospital admissions per thousand – 190

Hospital days per thousand - 619

Average length of stay – 3.26

Quality Indicators

Q4	EHMG
Continuity and Coordination of Care	
Discharge from Hospital to Home	85%
Discharge from Hospital to RG	99%
Medical Center Follow up Visit	90%
Prevention	
Pneumococcal Vaccine	84%
Influenza Vaccine	85%
Disease Management	
Osteoporosis and Vitamin D Level	83%
Hospital Days per thousand	1044
Medication Management & Patient Safety	
Coumadin and INR Monitoring	96%
Meds to be avoided	0.62%
Community Score	1.03

Erickson HealthSM

- Our Goal – Keep our residents as independent as possible as long as possible
- How accomplished:
 - Excellent facilities
 - Resident Life
 - Dining
 - Renaissance Gardens
 - Wellness Center
 - Erickson Health

Decision Making in Geriatrics

- Lack of outcome data
 - Estrogen Replacement example
 - PSA example
 - Even more complex in elderly
 - “Men over 70 die of prostate cancer or with prostate cancer”
 - Major Decision Indolent vs. Aggressive Cancer
 - Hospitalization for Demented NH patient
 - Comfort????
 - Survival
 - Quality of life?

Decision Making in Geriatrics

- Emotional Factors
 - More decisions that impact life
 - Code Status
 - Therapeutic options
 - Degree of Aggressiveness
 - Involvement of children
- Substitute Consent
 - In Dementia
 - New level of complexity

Decision Making in Geriatrics

- Multiple Opinions
 - Multiple family members
 - Different priorities
 - Different attitudes
 - Multiple Physicians
- Multiple external factors
 - Financial
 - Health Care system constraints
 - Medicare Rules
 - Facility factors
 - Feeding Tubes
 - Proactive approach to Code Status Discussion
 - Culture
 - Wide variance on attitude to approaches

My approach

- Concentrate on:

Quality of Life

- Review clinical data with decision makers
- Use best available data to estimate prognosis
- Promote evidence based treatment decisions
- Help decision makers weigh data vs values
- Provide on-going shared decision making
- Thank my lucky stars that Erickson supports me, so I can afford to practice great medicine.

Addenda

Go Actions Options Help

Desktop Chart Appts Reg Reports New View Print Help EXT

Mrs. Minnie Mouse

102 Years Old Female (DOB: 01/01/1907)

RG Visit Menu: Mrs. Minnie Mouse

Find Pt. Protocols Graph Hand

Summary Problems

Doc ID: 4165 Properties: RG

Summary:

Inserted
RG Visit Menu

[RG Vi

Attachments

Favorites

Blank image

Renaissance Garden Visits

Please Select the Visit Type

RG Phone Note

Medicare A

RG Admission Note (MED A)

Medicare Part A Rounds

Med A Urgent Visit

Med A Discharge Summary

Long Term Care

RG Admission Note (LTC)

LTC Monthly Rounds Visit (original)

LTC Urgent Visit

LTC Discharge Summary

New Rounds Note

Special Forms

Competency Code Status

Fall Assessment

Wound Rounds Note

ALF

ALF Admission Note

ALF Office Note

ALF Apartment Visit

Mental Health

RG MH Initial Eval

RG MH Follow Up

RG MHE and M

Antipsychotic Consent

Podiatry

RG Podiatry

Level of Care:

☐ Long Term Care

☐ Skilled

Type of Service

☐ Subsequent

☐ Initial

Prev Form (Ctrl+PgUp)

Next Form (Ctrl+PgDn)

Close

RG HPI (new): Mrs. Minnie Mouse

HPI

Interval History:

Medication List

- ☐ See HPI for details of acute problem.
- ☐ Evaluation of multiple medical problems.
- ☐ Evaluation of complaints related to functional decline.

History Obtained From:

Update Problems

- ☐ LOW BACK PAIN ACUTE
- ☐ CORONARY ARTERY DISEASE
- ☐ DIABETES MELLITUS TYPE II CONTROLLED
- ☐ NEUROPATHY
- ☐ GOUT
- ☐ ABNORMAL FINDINGS REFLEX
- ☐ B12 DEFICIENCY
- ☐ DEFICIENCY VITAMIN D NOS
- ☐ BORDERLINE PERSONALITY DISORDER
- ☐ ANXIETY STATE NOS
- ☐ PSYCHOSIS SENILE NOS
- ☐ DISORDER ANTISOCIAL PERSONALITY
- ☐ AGORAPHOBIA WITH PANIC DISORDER
- ☐ PAIN IN JOINT ANKLE/FOOT
- ☐ RHINITIS ALLERGIC NOS

☐ Brief (1-3 elements)

☐ Extended (4 or more elements or 3 chronic problems)

HPI elements: location, quality, severity, duration, timing, context, modifying factors, and associated signs/symptoms

CareMEDX Vital Signs

Care MEDX Clinical Notes

All Rehab Goals

Active Rehab Goals

Last GFR: 67.50 (09/24/2007 11:49:20 AM)

GFR

Historical

11/03/2008 - Location:

Quality:

Severity:

☒ HPI

☐ Impression

☐ Instructions

Previous

Next

RG HPI (new)

GDR

RG Histories

RG ROS

RG Vital Signs

RG Short Physical

RG Imp & Plan (new)

Coding Coach (new)

Number of total falls in prior year: 0

of falls with injury past 12 months: 0

Number Dx. Updated: ☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4

Multiple Falls or Injury

Injury noted today

Second Fall noted today

No falls Yes

One fall no injuries

Prev Form (Ctrl+PgUp)

Next Form (Ctrl+PgDn)

Close

start

Wi...

Inb...

Log...

Ce...

EH...

RG...

10:12 AM

GDR: Mrs. Minnie Mouse

GDR

Antidepressant

Antipsychotic

Sedative Hypnotic

Anxiolytic

Other

Antipsychotic consent form already on file in paper chart.

Consent on file?

Add form: Verbal Consent

Print: Antipsychotic consent form

Print AIMS test

Add form: AIMS test

Antipsychotic therapy: Yes (04/21/2008 3:04:54 AM)

The resident uses an antipsychotic med:

☐ Yes

☐ No

Update Antipsychotic GDR

Efficacy:

Antipsychotic GDR history:

reduced February with worsening target behaviors (04/24/2007 3:33:14 PM)

Insert prior antipsychotic GDR documentation into today's note:

Antidepressant therapy: Yes (04/21/2008 3:04:54 AM)

The resident uses an antidepressant med:

☐ Yes

☐ No

Update Antidepressant GDR

Efficacy:

Antidepressant GDR history:

dose increased today (04/24/2007 3:33:14 PM)

Insert prior antidepressant GDR documentation into today's note:

Sleep medications: No (04/21/2008 3:04:54 AM)

The resident uses an hypnotic med:

☐ Yes

☐ No

Hypnotic GDR history:

Insert prior Hypnotic GDR documentation into today's note:

Anxiolytic med: No (04/21/2008 3:04:54 AM)

The resident uses an anxiolytic med:

☐ Yes

☐ No

Anxiolytic GDR history:

Insert prior Anxiolytic GDR documentation into today's note:

Prev Form (Ctrl+PgUp)

Next Form (Ctrl+PgDn)

Close

RG Nutrition: Mrs. Minnie Mouse

Nutrition History:

Nutrition Assessment

Nutrition Plan

Nutrition History:

The resident has lost significant amount of weight

Planned weight change program

Intake Acceptable?

Ability to self feed

Requires extended time to complete meal

Assistive devices for feeding?

OT consult in place to improve feeding

Dietary Supplement?

Tends to dine in room

Family or resident requests change in diet order to improve quality of life

Average percent of supplements consumed

Chewing problem?

Swallowing problem?

Mechanically altered diet?

Speech therapy ordered

Speech Therapy involved

Nurse Report on Nutrition

Nutrition history

- ☐ The resident has lost a significant amount of weight.
- ☐ There is a planned weight change program in place.
- ☐ The resident's oral intake has been acceptable.
- ☐ The resident's oral intake is poor.

- ☐ The resident is able to feed themselves
- ☐ The resident requires extended time to complete a meal
- ☐ The resident uses assistive devices as part of a feeding s
- ☐ OT consult has been completed

- ☐ The resident is on a dietary supplement
- ☐ The resident tends to dine in their room
- ☐ There has been a request to liberalize diet
- ☐ Reduced restriction on diet to improve quality of life.

% Supplements Consumed

- ☐ There is a history of difficulty with chewing.
- ☐ There is a history of difficulty with swallowing.
- ☐ There is a mechanically altered diet.
- ☐ Speech therapy has been ordered.
- ☐ Speech therapy is working with the resident and staff on

Fall History: Mrs. Minnie Mouse

Nursing History

Mobility History

Touch number to insert text into note:

1 Event Description:

2 Nursing Assessment of Status post event:

3 Nursing comments post event

Type of event:

Type of injury

Prior Events:

4 Change in Baseline Mental Status:

5 Change in Behavior after event:

6 Change in ROM after event:

7 Change in function comment post event:

8 Pain assessment post event:

9 Family Notification:

Possible root cause: